

in the States some years ago had its effect on many people's thinking (the Kefauver Report).

Finally, Dr. Wigle says that the Pharmaceutical Manufacturers Association of Canada is concerned about a radical increase in the number of unproved products and that it feels that Canadians have a right to expect that every product has proved clinical efficiency. I don't think anybody could disagree with this, but nor do I think that the present pharmaceutical set-up guarantees it—witness the number of unproved drugs that are marketed every year (including thalidomide). If this is indeed their concern, why do they not take some of the money that they have been making and finance an organization to "prove" all drugs before they are marketed, an organization that would have the authority of the Food and Drug Administration plus better financing. We seem continually to ignore the fact that what is needed is an objective and independent analysis of what is safe and what is clinically effective. It is not enough to leave this in the hands of interested parties.

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C.M.A.-C.E.S.O. PLAN

To the Editor:

Dr. Elinor F. Black, former Professor of Obstetrics and Gynecology at the University of Manitoba in Winnipeg, has returned to Canada after completing a three-month volunteer assignment in Jamaica under the combined auspices of The Canadian Medical Association and Canadian Executive Service Overseas.

The first C.M.A.-C.E.S.O. Plan volunteer to serve in Jamaica, Dr. Black was posted to the University of the West Indies in Kingston as a visiting professor. There she assisted with undergraduate and postgraduate teaching in obstetrics and gynecology and with the clinical work at the University Hospital during the absence of the Head of the Department, Professor David Stewart.

Since it went into operation less than a year ago, the joint C.M.A.-C.E.S.O. Plan has enabled over 20 Canadian doctors to serve in several islands in the West Indies, relieving otherwise irreplaceable and overworked medical personnel, usually for periods of from one to three months.

Under this co-operative arrangement, The Canadian Medical Association selects the doctors, who serve without remuneration. The host government or institution furnishes accommodation and Canadian Executive Service Overseas is responsible for travel costs.

Unlike the average tourist who makes a useful contribution to the islands' economy, and in return brings back a tropical tan, straw baskets and memories of happy hours on white beaches, the returning doctors retain a slightly different picture.

Their long days in the islands are filled with hard work. In the short time they are there, they treat an amazing number of patients, with long queues of native children and their mothers awaiting attention. Often there is a shortage of drugs and equipment. However, the visiting Canadian doctors are unanimous in expressing admiration for the devotion and competence of the local staff, who frequently work under difficulties.

Dr. Elinor Black has made a valuable contribution to the C.M.A.-C.E.S.O. Plan program in the West Indies. She reports having had an extremely busy three months in Jamaica but that it was "most interesting" and that she enjoyed the beauty of the island tremendously.

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[EDITOR'S NOTE: Physicians interested in volunteering their services in a similar manner (all expenses are paid for the physician and his wife) are requested to contact Dr. A. D. Kelly, C.M.A. House, 150 St. George Street, Toronto 5.]

THE "SATURDAY NIGHT SYNDROME"

To the Editor:

Dr. A. B. Adey's letter on "The 'Saturday Night Syndrome'" in the March 15 issue (*Canad. Med. Ass. J.*, 100: 539, 1969) elicited the following free association. I started singing the old song "Saturday Night Is the Loneliest Night of the Week," and then I saw and heard myself, in my mind's eye and ear, seated at a piano trying to compose a new ballad called "Saturday Night Is the Busiest Night of the Week". Suddenly from out of the dormant medical-school-anatomy past came the memory of "Saturday night paralysis". Yes, indeed, Saturday night is a busy time for clinical syndromes!

"Saturday night paralysis" is a well-known compression nerve palsy. This radial paralysis usually results from sleeping with an arm hanging over the back of a chair—a picture-book posture of the Saturday night inebriate—giving rise to a wrist drop. Radial palsy resulting from pressure on the nerve against the edge of a chair or bed during alcoholic stupor is apparently less common today than formerly. Nevertheless, Saturday night palsy has priority as the original "Saturday night syndrome". Dr. Adey's popcorn eaters, six boys from 6 to 12 years of age who developed unusual "bad tummies" following the exuberant ingestion of dry-heated Indian corn at a local movie theatre, are probably better labelled under the term he introduces: "popcorn ileus".

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